

FEB 27 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township East
City K. C. Mo (No. 3839, Fremont)

Registration District No. 399
Primary Registration District No. 399

File No. 6352
Registered No. 6352
St. Mo Ward 4

2. FULL NAME

(a) Residence, No. 3839 Fremont St., Ward. 4
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX He 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Gash Littrell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-7-1882
7. AGE YEARS 54 MONTHS 1 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Mo.

13. NAME Samuel Wattenberg

14. BIRTHPLACE (CITY OR TOWN) Texas (STATE OR COUNTRY)

15. MAIDEN NAME Nattie Wink

16. BIRTHPLACE (CITY OR TOWN) No Record (STATE OR COUNTRY)

17. INFORMANT Aubrey Littrell (ADDRESS) 3839 Fremont, Armo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brooklyn DATE Feb 10-37

19. UNDERTAKER Mrs. E. L. Garter (ADDRESS) 218 Brooklyn, Armo.

20. FILED 2-9-37 M. M. Croix, cor. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8-1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1937, to Feb 8, 1937
I last saw him alive on Feb 8, 1937 Death is said

to have occurred on the date stated above, at 442 am.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Jan 30 1937

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify Ralph Perry, M. D.
(Signed) Ralph Perry

(Address) 4800 E 124

24th St.

Box - 5979

2:30 or 3:00 til 6:30